Supply of food for outpatients during chemo-radiotherapy for cancer

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cancer patients. However treatment with ONS is often associated with poor product acceptability and patient compliance. Altered taste sensation linked to cancer and chemotherapy is belived to play a significant role. The objective of this study was to investigate taste preferences of the basic qualities, in patients with haematological malignancies during or after cytotoxic treatment.

Methods: Thirty-four patients (20 females and 14 males) with self reported taste changes took part in this study. All patients was diagnosed with hematological malignancies (25 with leukemia, 6 with lymphoma and 3 with myeloma). Eleven was ungoing chemotherapy treatment, while 23 had finished their chemotherapy treatment. The patients mean BMI was 23.58 (±3.8) and mean age was 53 (±13.7) years. None of the patients was fed by tube or parenterally. The patients were blinded and evaluated the acceptability and the taste intensity of the samples, by using a 10 cm visual analogue scale (VAS). Ten different samples was prepaired containing either a strong or a weak concentration of one of the 5 basic tastes (sweet, sour, salt, bitter and umami). One random sample of each of the basic tastes was included twice as a control. Data was analyzed using Wilcoxon Rank Sum Test for paired data (non-parametric).

Results: The weak concentrations were in general best accepted among the patients except from umami taste, where a difference in concentration did not affect the acceptability. The patients disliked bitter the most.

Conclusion: The results indicate that a nutritional product, which is a bit salted, contains umami and is slightly sour would be the best accepted by haematological cancerpatients.

Disclosure of Interest: None declared

PP060
SUPPLY OF FOOD FOR OUTPATIENTS DURING CHEMO-RADIOTHERAPY FOR CANCER

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Rationale: It is well documented, that cancer patients have many nutritional problems, and they have increased problems during radiotherapy. The intake of food is insufficient in most patients, and the outpatient clinics are trying to cope with this problem in different ways. One component of the problem is the supply of food others are appetite and compliance. We wanted to investigate if an extended supply of food during chemo-radiotherapy had any effects on the patient's intake and nutritional status.

Methods: Data were collected in 2009 in two different periods of time with different supply of food. The supply was extended with hot meals (soups) and deserts during the months of January–March (period 1), and a control sampling was performed in October (period 2).

Patient's intake was noted by the staff on standardized forms during their stay in the clinic, and compared to the calculated needs and the course of their bodyweight. Patients from both time periods were randomly selected.

Results: Nutritional intake was significantly larger in the period with the extended supply, but weight loss was not statistically significant in the two periods. Weight loss varied significantly between cancer types. The preferred types of foods was markedly affected by the supply.

	% of estimated needs		Un-paired
	Group 1*	Group 2*	t-test
Energy intake			
Mean (SD)	51 (18.1)	34 (15)	
Range (median)	12–95 (51)	11–70 (29)	
P-value			P = 0.001
Protein intake			
Mean (SD)	36 (14.4)	29 (13.1)	
Range (median)	6–69 (35)	3–57 (28)	
P-value			P = 0.07

Group 1 = extended food supply, group 2 = regular food supply.

Conclusion: The supply of food does affect the patient's intake, both of energy and types of food ingested. The lack of effect on the weight loss might be caused by the sampling method, as cancer types varied in the sampling periods.

Disclosure of Interest: None declared

PP061
NEO-ADJUVANT AND ADJUVANT POLYAMINE FREE ORAL NUTRITIONAL SUPPLEMENT (ONS) COMBINED WITH DOCETAXEL IN CASTRATE RESISTANT PROSTATE CANCER (CRPC) PATIENTS: A PHASE II TRIAL

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Rationale: Polyamines (PA) are involved in cancer. PA dietary reduction could be of clinical interest in CRPC We have assessed the tolerance of a PA free ONS combined with docetaxel in CRPC patients (pts).

Methods: 24 pts, age 69±10 years, with symptomatic CRPC were prospectively evaluated for tolerance, quality of life (QLQ C-30 questionnaire), W.H.O. performance status (PS) pain and analgesic consumption scores, PSA response. The PA free ONS was given as sole diet for 14 days then progressively and partially replaced by low PA containing foods. Docetaxel administration started on day 21 for 6, three weekly 75 mg/m^2 injections. Statistics: paired t and Wilcoxon tests. The PA free ONS "Castase™" was provided by Nutrialys Medical Nutrition. 35760, Saint Grégoire, France.

Results: 23 patients were evaluated for the PA free ONS only phase.

15 pts completed the trial at scheduled dates. 6 patients did not complete the trial. 3 pts are ongoing.

Tolerance:

- PA free ONS alone phase. At D0: 114% adverse effects (AE) were recorded. After three weeks, AE decreased to 30%. QLQ C30 scores were significantly improved (57±14 vs. 47±16, p = 0.042 at day 15) as well as pain scores.